

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2016

Additional Pages

Use these pages if the primary form does not provide enough room for all of your entries. Do not duplicate material from the primary form on these additional pages.

1. Additional employer(s) for you and your spouse.

Name of Employer	Nature of Employer's Business	Your Employer	Spouse's Employer
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2. Additional business entities.

[illegible]

3. Additional sources of income.

Name of Person	Nature of Person's Business

4. Additional licensure or regulatory bodies.

Name of State Agency	Nature of Licensure or Regulation	Profession or Occupation		Business Entity Listed Under Number 2		
		You	Spouse	You	Spouse	Unemancipated Child
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Additional lobbyists.

Name of Lobbyist	Legislative Matters Which are the Object of the Lobbyist's Activity	Name of Employer or Business Entity

6. Additional lobbyists.

Name	Relation

7. Additional state agencies or officials.

Name of State Agency or Official

8. Additional agencies of the federal government or of a state other than Indiana.

Name of Federal Agency or Other State